

GOURMET CATERING & STAFFING

123 Culinary Way, Suite 100
City, State, Zip
contact@gourmetstaffing.com

Invoice #: _____

Date: _____

Event Date: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Event Details:

Venue: _____

Guest Count: _____

Event Type: _____

Description	Rate/Price	Qty/Hrs	Subtotal
Catering Services:			
Menu Package: _____	\$		\$
Beverage Service: _____	\$		\$
Professional Staffing:			
Event Captain/Lead	\$		\$
Servers / Waitstaff	\$		\$
Bartenders	\$		\$
Chef de Cuisine / Kitchen Staff	\$		\$
Additional Fees:			

Description	Rate/Price	Qty/Hrs	Subtotal
Equipment Rentals / Linens	\$		\$
Service Charge / Gratuity			\$
Subtotal:	\$	_____	
Tax:	\$	_____	
Total Amount Due:	\$	_____	

Payment Terms: Net 30. Please make checks payable to Gourmet Catering & Staffing.

Thank you for choosing our professional services for your event.